

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

- This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.

- For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.

- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: VT-501 - Burlington/Chittenden County CoC

1A-2. Collaborative Applicant Name: City of Burlington

1A-3. CoC Designation: CA

1A-4. HMIS Lead: ICA

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	No	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
School Administrators/Homeless Liaisons	No	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	No	No	No
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Legal advocates	Yes	Yes	No

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

The Chittenden Homeless Alliance engaged in a restructuring process to ensure an inclusive & responsive structure & those with knowledge about homelessness. Quarterly evening meetings are advertised & open to all held at a local library. Our elected board reflects members of social service/faith based/government/non profit/veterans/youth agencies including affordable housing developers and formerly homeless. This broad list is noted in our governance charter on page 5. The CoC coordinates with the local and state Con Plan on homeless needs & goals. This past year our PHA initiated a 100,000 Homes survey to better understand by person homeless needs & the CoC endorsed and participated. As a result, over 30 homeless were housed including the most vulnerable. The VISPDAT was adopted as a PSH coordinated entry tool. Several agencies including youth,hospital, victim services developed CE process in subcommittee.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Spectrum Youth Services	Yes	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Women Helping Battered Women	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	No
End Chronic Homelessness by 2017	No
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	No

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

The Strategic Planning Committee has overall responsibility for setting goals, defining strategies and implementing strategies. Members include housers (CHT), state (AHS & OEO), homeless providers (COTS/Safe Harbor). This standing committee works to identify current gaps, housing & service challenges; how to meet the goals of ending family and chronic homelessness. Our 100,000 Homes initiative with corresponding PSH CE process will be key to ending chronic homelessness. The CoC adopted the VISPDAT recommended by the CE committee comprised of providers, local hospital & general assistance. A statewide VA committee, chair Jim Bastien (VA Med Center) and our CoC/ VA case manager Jason Brill, created & monitor the plan to end veteran homelessness. The CoC holds quarterly evening meetings to build support for the strategies & goals among additional community sectors (business, faith community, elected officials, residents).

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

The CoC demonstrated it is open to proposals from entities that have not previously received funds during the FY 15 NOFA competition. To start, the CoC reviewed the project portfolio and compared to our community and HUD's priorities. A vote took place to reallocate a long-standing SSO in July 2015. During 2 webinars that were broadcast 7/7 & 7/10 & with our Letter of Intent application, it was clearly stated that all the funds were competitive & any organization was welcome to apply. A permanent housing bonus application was circulated in early October. Screenshots attached. All applications were distributed widely and posted online. The CoC considered its local priorities, gaps in service needs (PIT/HIC reviewed), HUD priorities, the performance & cost effectiveness of current projects while considering new projects. Additional PSH units dedicated to serving CH is the highest priority.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Quarterly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
--	---	----------

1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The Chittenden CoC participates with both the City of Burlington and the State of VT as the 2 Con Plan jurisdictions located in the geographic area. Both PJs are active in monthly CoC meetings & the City is a voting board member & the Collaborative Applicant for VT-501. VT Dept. of Housing/Community Development prepares the State Con Plan, is member of VT BoS CoC Board & Project Ranking Committee (S.Gilpin). The CoC is consulted for input to both the 5 year/annual Con Plan. The sole ESG recipient via OEO (Phillips) participates in several committees and provides Con Plan & CAPER information. PIT data has been supplied to both jurisdictions. The goals to prevent homelessness, rapidly re-house the homeless, provide for basic needs, increase permanent housing are included in the City's Strategic Plan goals to preserve affordable housing units, increase permanent supportive housing beds, protect the vulnerable through public services to the homeless and anti-poverty strategies.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

ESG funding allocations are made by the State of Vermont. Several state offices, including the Office of Economic Opportunity which administers ESG participate actively in the CoC and its numerous committees, including strategic planning and coordinated entry. VT's Emergency Solutions Grant funds are blended with state funds and administered under the Housing Opportunity Grant Program. This year, there were 6 organizations in the CoC that received funding. Discussions on allocations take place at our local Continuum. In addition, CoC members attend and give input during public hearings. Funding decisions are based on thorough knowledge of this Continuum's operations and priorities, with an emphasis on how best to realize value for investment. The State solicits specific feedback from the CoCs and stakeholders through presentations, discussions, and surveys regarding priorities and how to allocate ESG funds to eligible activities as well provide an annual review of the RFP process.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

The Chittenden CoC & local DV agency, Women Helping Battered Women, have a long history of collaboration & a deep understanding of the barriers facing survivors. Survivors have access to safe, secure housing through a variety of programs: a confidentially located shelter, Safehome for motel-vouchers, project-based TH, & scattered-site rental assistance. The CoC recognizes a voluntary service model as best practice when working with survivors of DV & works diligently to allow for client choice in terms of the housing & services. Survivor safety is seen as a community-wide responsibility. Safety planning & collaboration on behalf of victims across agencies is commonplace. The CoC allows for a coordinated community response when addressing issues of housing & services for survivors of DV. This includes information & referral from VT 211 & a statewide DV hotline. CoC approved HMIS Policies & Procedures address data sharing, confidentiality & protecting PII.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Burlington Housing Authority	68.00%	Yes-HCV
Winooski Housing Authority		No
Vermont State Housing Authority	15.58%	Yes-HCV

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

Vermont offers several programs that target persons experiencing homelessness. An updated Qualified Allocation Plan (QAP), which governs the allocation of federal Low Income Housing Tax Credits, elevates projects that pledge to set aside at least 25% of their units as permanent supportive housing for people who are homeless. The permanent supportive housing option was added as a "top tier criteria." Also VT changed its QAP to allow projects that set aside a minimum of 10% of their units for supportive housing to receive additional funding in the form of a "basis boost" which increases the equity available by an extra 30%. Setting aside supportive housing units is the only way developers can earn the basis boost, and experience has shown that most developers structure their projects to include permanent supportive housing units as a result. Other programs include our Vermont Rental Subsidy Program, Family Supportive Housing, Pathways to Housing, Housing Opportunity Programs.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services. (limit 1000 characters)

Case workers from CoC member Homeless Health Care Project engage people sleeping in encampments & on the street. Connections to services occur at a homeless daytime shelter. Multiple agencies meet weekly to review intakes for emergency housing & assign case managers for this coordinated entry (CE) process. VT 501 works with school liaisons to serve homeless families with children & has conducted 2 registry events to identify unsheltered families & individuals. The CE Committee looked at designs for CE; providers, UVM Med Ctr & Burlington PD recommended the VI-SPDAT to prioritize homeless for PSH. As waitlist openings occur, a CoC committee reviews & recommends placements. Those who refuse the VI-SPDAT can still be reviewed for entry into a PSH bed. A Housing Review Team allocates prevention and rapid re-housing financial assistance (security deposits, back rent, utilities) weekly. The CE process is designed with a no wrong door approach & triage to prioritize by need.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School Administrators/Homeless Liaisons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	6
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	5
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Need for specialized population services	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
-------------	--------------------------

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

Two registry events with a high number of CH identified via the VISPDAT convinced the CoC to consider the severity of needs & vulnerabilities of participants. The CoC approved a CoC Project Ranking Policy and Scoring Tool (attached). The criteria included whether a project prioritized serving persons that met the HUD definition of Chronic Homelessness, percentage of persons entering a project that came from the street or shelter [Literal Homelessness], & whether a project does/will actively participate in the CoC Coordinated Entry System that includes a prioritization of needs.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached) (limit 750 characters)

The CoC made our local competition criteria publicly available during monthly steering committee meetings. 2 webinars were delivered on 7/7/15 & 7/10/15 & remained available online. An email blast with instructions & letter of intent was distributed on 7/13/15. For the PH bonus project, both an email blast and online posting were distributed in early October, The ranking and review done by Committee was posted on the website on 10/15; the final CoC vote, ranking & funding recommendations was posted on 11/5. (Documentation attached).

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.) 11/16/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 11/05/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

CoC Application Review Committee monitors & evaluates performance of all CoC recipients/projects on annual basis including bed utilization, % participants literally homeless prior to entry, housing stability, increases in participant income & access to mainstream benefits, recaptured funds, findings, and regular draw down of funds. This is done via a performance measure report card and dashboard approach. Upcoming planning project will incorporate additional performance review along with the Strategic Planning Subcommittee.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. Roles of CoC/HMIS Lead in Governance Charter pp4-5. Early version attached has signatures of CHOs. Just started new HMIS lead 7.1.15.

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? ServicePoint
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Systems
Applicant will enter the name of the vendor (e.g., ABC Systems).

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Single CoC

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$0
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$0

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$2,771
State and Local - Total Amount	\$2,771

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$4,929
Private - Total Amount	\$4,929

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$7,700
---	----------------

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/01/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	218	9	19	9.09%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	70	20	18	36.00%
Rapid Re-Housing (RRH) beds	16	0	0	0.00%
Permanent Supportive Housing (PSH) beds	154	0	42	27.27%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

Although our CoC does not federally fund our ES beds, it is our goal to have as many beds as possible in our HMIS. As part of this strategy, the CoC voted on a new HMIS Lead which began on 7/1/15 and will be creating a new statewide HMIS. Our CoC spent several years investigating HMIS options with HUD TA. The HMIS lead will be tasked with engaging non-participating providers to show them the benefits of the system, with an emphasis on client-centered services. And with the creation of the new system that is administered by a non-profit and a more comprehensive HMIS, the HMIS lead will be able to appeal to the non-mandated providers using a different approach. At least 1 faith based ES/TH program is ready to join. The HMIS lead will do the same for the TH and PSH non-CoC funded beds as well.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input checked="" type="checkbox"/>
HOPWA projects:	<input checked="" type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Annually

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	5%	1%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	1%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	8%	0%
3.10 Project Entry Date	7%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	10%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

SSVF & RRHY & PATH	<input checked="" type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 8

2D-4. How frequently does the CoC review data quality in the HMIS? Quarterly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

The HMIS lead is working with both CoCs - VT 500 and 501 to bring the VA into the system. Current discussions involve adding this requirement to their contracts. As part of the statewide VA subcommittee and setting/achieving goals to end homelessness among veterans, veteran groups are eager to create a list, by name, of all homeless veterans. Use of HMIS through out the state with all VA/federal partners is critical for this strategy & to reach functional zero.

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 04/30/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

VT 501 works in conjunction with the VT 500 to develop and formalize the PIT survey & provides training for all volunteers & shelter staff members. This year the CoCs chose the same methodology to ensure accuracy & uniformity. The Committee reviewed/edited the survey. New question added to track first time homeless. The form is distributed in advance with additional information on their specific program to add to each PIT survey. On the day of the count, staff & volunteers conduct a by person survey of each sheltered person/family. Collaborative applicant & PIT committee reviewed each survey for accuracy; follow as needed with surveyors, shelter providers, websites, VT 211 database. The completed forms are submitted; entered in a database and de-duplicated.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

The Chittenden CoC made virtually no changes in methodology from last year to ensure uniformity and consistency. One question was added to the survey (was this the first time you were homeless) to understand severity and trends & the form was changed in appearance. This year Chittenden used a customized database designed for the County. However, the future plan is to use our HMIS lead to enter data into ServicePoint by the unique identifier used for our PIT count.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The Chittenden CoC made only a few changes to our successful PIT count to ensure consistency and high data quality. The PIT subcommittee delivered a quality Go To Meeting Webinar training for all agencies and volunteers. With assistance from the VT-OEO (ESG recipient), the webinar was made available for continued training after the live presentation. In addition, this year we used a customized database rather than the BoS ServicePoint database. Since the PIT survey, our CoC has changed both our HMIS Lead and our HMIS system & will be using the SP database for the next PIT count. Also this year, we collaborated with the VT Coalition of Runaway & Homeless Youth Programs to clarify the inclusion of HHS-FYSB Basic Center & Transitional Living Programs.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 04/30/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

Field staff and volunteers are comprised mostly of outreach workers who are assigned to count areas where they normally perform outreach & provide services including known encampments & street locations. Individuals were asked to answer survey questions & were more likely to disclose information based on previous contact with outreach worker. Unsheltered were also reached at the Daystation, Food Shelf & Salvation Army where they might receive a free meal, services or shelter from the elements. Methodology (unique identifier) remained consistent from previous year to ensure uniformity & accuracy. Survey tool was reviewed/edited by statewide PIT committee; appearance changed; new question on 1st time homeless added. Only surveys used to count unsheltered. Relied also on known locations from 100,000 survey done 10/14. Collaborative applicant/Data subcommittee reviewed each survey for accuracy; follow up as needed with surveyors. Surveys entered into new customized database.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

The Chittenden CoC chose to use much of the same methodology for both the unsheltered and sheltered count for 2015 as 2014. The statewide PIT subcommittee reviewed/edited/redesigned the survey tool, adding 1 new question - is this the 1st time you are homeless? This was added to begin tracking length and severity of homelessness. The PIT subcommittee also delivered a webinar training for the PIT count that was available online after the webinar. In addition, enhanced understanding and familiarity with unsheltered/encampments from training and execution of a fall 100,000 Homes Registry event for the greater Burlington area. Due to challenges with HMIS capacity at the time, the Chittenden CoC used a custom designed database to enter all the PIT unsheltered/sheltered data.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

There were minimal changes made to Chittenden's implementation of the unsheltered PIT count to ensure consistency & accuracy. The GotoMeeting Webinar conducted by the PIT subcommittee was an expanded form of training, assisted by ESG recipient VT-OEO & remained available online for volunteers through the count. VT 501 continued use of unique identifies to reduce duplication. The subcommittee added a new question - are you homeless for the first time - to better track lengths of homelessness and severity of needs.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	532	471	-61
Emergency Shelter Total	340	326	-14
Safe Haven Total	0	0	0
Transitional Housing Total	102	63	-39
Total Sheltered Count	442	389	-53
Total Unsheltered Count	90	82	-8

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	0
Emergency Shelter Total	0
Safe Haven Total	0
Transitional Housing Total	39

3A-2. Performance Measure: First Time Homeless.

Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.

(limit 1000 characters)

VT 501 has programs to identify & reduce the # of people becoming homeless for the 1st time. 1st time homeless question added to PIT survey. Risk factors include low wage jobs, DV, high cost/low vacancy housing, chronic health, substance abuse issues & generational poverty. Eviction prevention prgrams with local housers address late payments & housekeeping/hoarding issues (risk assessed via Clutter Image Rating Scale). Programs complement state-funded housing retention position at PHA working with landlord-identified at risk tenants to resolve issues, maintain housing. 2-1-1 & service agencies direct those needing prevention assistance (ESG/HOP funds) to Housing Review Team. Weekly meetings review & allocate prevention resources. Back rent, security dep, fuel assistance helps reduce risk. Hospital refers those at risk to its Community Health Team or directly to CoC’s CE process. Classes assist those at risk to develop better tenant skills/practices, improve credit, create savings.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

Chittenden is committed to reduce the length of time individuals/families remain homeless. Anecdotal tracking has seen an increase length for all categories of at least 10% (due to low vacancy rate).During the 100,000 Homes event, the average length of time an individual experienced homelessness was 4.13 year, but most often, their time was 3 years. The efforts of VT 501 to reduce the length of time people remain homeless: accurate tracking from PIT survey & new HMIS system reporting; CE process for PSH uses length of homelessness with severity of need on VSIPDAT to prioritize community wait list (prioritization policy for PSH); creation of new PSH/TH units; VT RRH programs with vulnerability points has goal of rapidly rehousing in 28 days; effective use of vouchers to provide stable funding/housing; 100,000 Homes Registry event and community wait list.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	449
Of the persons in the Universe above, how many of those exited to permanent destinations?	212
% Successful Exits	47.22%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	65
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	60
% Successful Retentions/Exits	92.31%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

Strategies VT 501 added to reduce returns to homelessness: 1.BHA meets monthly with PSH partners to discuss participants' ability to stay housed 2.Added 2015 PIT survey question (1st time homeless) with ongoing local case coordination to understand recurrence rates. 3. Support housing retention position state-funded/housed at BHA includes mental health, substance abuse, hoarding issue resolution. 4.Routinely consider other funding, local HA preference, to keep someone housed.5.Monthly coordinated service meetings for motel/EH clients include discussions on strategies to mitigate returns. 6- After care, VT SOAR/connection to mainstream resources keep people stable. 7- Homeless provider maintains private funded Risk Guarantee Fund to mitigate landlord risk; partner with credit union to build credit. Strategic planning (HUD TA) led to VT 501 selection of new HMIS Lead/Administrator with expertise & support to implement current Phase 1 of VT HMIS homeless recurrence monitoring.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

VT 501 has implemented specific strategies for our CoC-funded projects to increase income derived from employment and non-employment sources. Our CoC's performance on access to mainstream resources for the past year is 99%. The main strategy implemented is a single on-line application for 12 benefit programs & the ability for case managers to follow up.Also, VT SOAR (AHS board member and DMH CoC participant) supports homeless households achieve non-employment income with local leads & 5 trainers from several homeless & psychiatric service provider organizations.

To increase employment income, a new SNAP ET pilot (1/16 start) is 3-year employment strategy to assist 1500 unemployed able-bodied (at-risk & homeless/substance abuse-recovery/corrections) adults w/o dependents to enter the workforce.Homeless providers deliver job skills workshops; Agency of Human Services coordinates employment programs with Creative Workforce Solutions for ESG grantees.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

Individual agencies & programs offer job skills development, support groups & job bank positions with employers open to the homeless. The VT Dept. of Labor- Career Resource in Burlington offers computer access, resume building, & work search groups. Agencies coordinate with state agency VT DAIL-Division of Vocational Rehabilitation. The Creative Workforce Solutions initiative for the VT AHS recruits community businesses & collaborates with community providers (including CoC-funded projects) to participate in job training programs offered, through a referral service from providers, to employers willing to hire higher needs households (criminal background, recent institution discharges, disabilities, low skills) with on-the-job training. Meaningful employment is a key part of long-term housing stability, can have a stabilizing effect on mental health and/or substance abuse recovery, & helps prevent future homelessness. 100% of VT 501 housing programs have links with Voc Rehab & DOL.

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

A SAMHSA funded PATH grant funds outreach work for 2 positions to find & connect with the homeless who are unsheltered, mentally ill & difficult to engage, offering persons who are experiencing homelessness community-based services. A street outreach team, funded by PD & local businesses, provides outreach to individuals, families with children, & youth sleeping on the streets in our downtown area. An Adult Local Interagency Team helps to identify unsheltered persons, provide consultation & to help resolve difficult situations involving CH persons with multiple issues. A passive approach takes place daily at the local food shelf, daytime drop-in shelter & the Salvation Army. These agencies provide meals every day in our community to our homeless population. The continued roll out of our Coordinated Entry system with prioritization for the most vulnerable for PSH will streamline these efforts. Seasonal, low barrier warming shelter serves as an entrance to services.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

The Chittenden Homeless Alliance did not exclude specific areas from the CoC's unsheltered PIT count.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	151	101	-50
Sheltered Count of chronically homeless persons	114	58	-56
Unsheltered Count of chronically homeless persons	37	43	6

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

The Chittenden CoC reported a total decrease in the total number of sheltered/unsheltered chronically homeless persons. The decrease for the sheltered number can be attributed to three factors: 1 - this year VT 501 used our own database to avoid any errors with a combination of statewide data; 2 - full use of our Shelter plus care vouchers allowed for many sheltered CH to be housed; 3 - a 100,000 Homes Registry Event led to many surveyed participants being housed. The increase in unsheltered CH can be attributed to several factors: 1 - a very solid count due to previous extensive encampment outreach during the 100,000 Homes Registry; 2 - PIT survey questions to clearly identify length and severity; 3 - 1% vacancy rate adds to the difficulty in finding housing quickly for unsheltered.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

The CoC partners expect to improve outreach to the chronically homeless and increase permanent housing options through reallocation of current funding and creation of new PSH beds. BHA will work with the Homeless Healthcare Project to continue to expand their capacity to serve the chronically homeless. The project's outreach team will identify individuals who are chronically homeless and connect them with appropriate programs and permanent housing options. BHA is committed to increasing the number of Non-Elderly Disabled Housing Choice Vouchers (currently 727) serving people that are homeless and chronically homeless. The CoC supports permanent housing projects serving the chronic homeless and a housing first model to end chronic homelessness and will reallocate with these priorities in mind.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

Outreach to the CH improved via two- 100,000 Homes Registries creating a by name waitlist of most vulnerable individuals/families. The Homeless Health care Project also helps with outreach for our new low barrier warming shelter & ongoing outreach to encampments.

VT 501 reallocated TH funding last year and created a new PSH project. Also voted to reallocated from SSO to PSH in this application round.

BHA has partnered with the Champlain Housing Trust and the Community Health Centers of Burlington Safe Harbor Health Center to open a new affordable apartment building, which will provide PSH to 19 chronically homeless individuals. Scheduled to open in December 2015, Beacon Apartments will house those individuals who scored highest on the community-wide vulnerability assessment tool. Housing Trust prioritized 6 additional units for PSH.

Although scarce resources has limited the PHAs ability to increase the number of NEDs, 19 vouchers have been committed to the new PSH project.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	61	35	-26

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

The number of PSH beds have decreased this year due to the incorrect categorization of HUD-VASH vouchers in the previous year. Although the program seeks to serve the most vulnerable veterans, the vouchers are not specifically dedicated to the chronically homeless. Therefore, this year, we corrected that designation. Through VT 501 reallocation plan, a total of 19 new PSH beds will be added to our inventory. In addition, Chittenden CoC has submitted a permanent housing RRH Bonus project to assist victims of domestic violence. The Chittenden CoC continues to support additional PSH units as our top priority to end chronic homelessness. Also, the VT QAP incentivizes developers to add PSH units to their projects.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. p. 1

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	10
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	3
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	3
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

VT 501 will continue to give priority for reallocated funding to PSH projects. Building on the partnership that created 19 new units this year, Chittenden CoC will work to create new units with partners that include the PHA, hospital & homeless service agencies. The new warming shelter will be an effective low barrier entry point to connect hard to house to services. Coordinated entry process, which began with PH, will be rolled out throughout the system with prioritization for most in need. Chittenden will continue to promote low barrier/housing first model to house and the prioritization of our community-wide wait list.

In addition, providers will ensure the full utilization of all S+ C & HUD-VASH units & increased coordinated between CoC-PSH projects and VA/SSVF project for Veterans. VT 501 is participating with statewide VA committee to reach functional zero via HUD TA.

3B. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

In March 2015, Vermont adopted a 5 year Plan to End Family Homelessness. This included a commitment to increase housing production for those families at 30% of the AMI. With a focus on coordinated entry for PSH, Chittenden seeks to house those families with highest needs and during a recent 100,000 Homes event for families, we recorded a significant number of families scoring high enough to warrant PSH. In addition, Vermont's Housing Opportunity Program funded with ESG and state funds, provides prevention/shelter/short-term RRH with target PH placement rates of 70% of households within 28 days. Chittenden's PH bonus project, focused on RRH for DV victims/families would be a key ingredient to rapidly rehouse families in our CoC.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	16	16

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

FY2015 CoC Application	Page 49	11/16/2015
------------------------	---------	------------

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	73	43	-30
Sheltered Count of homeless households with children:	60	39	-21
Unsheltered Count of homeless households with children:	13	4	-9

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The Chittenden CoC's PIT decrease among households with children from 2014 to 2015 can be attributed to a Housing Opportunity Program which offers short term rental assistance as well as a unique Family Supportive Housing Program which offers wrap around services for very vulnerable families. Our housing authority use of Family Unification Vouchers to house the homeless also lends to a decrease in numbers. This past year, many families were served with Emergency Assistance/motel vouchers from the State at Harbor Place. Because these families are connected to case management and services while temporarily housed, they experience a higher rate of exits to PH. During the same time period, several families were also served by expanded Vermont SSVF (VT Veteran Services-Pathways VT/Veterans Inc.), additional awards of HUD-VASH helped to serve families.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	10	10	0

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

Not applicable.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$0.00	\$0.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:			\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):			\$0.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	1
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	2
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	25

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

VT 501 collaborated closely with school liaisons for our recent 100,000 Homes Registry initiative for families. Also our local PHA met with school liaisons to explain the Family Unification Voucher program & plan referrals. A new local school liaison will be appointed to attend monthly meetings of VT 501 & participate in our strategic planning. School liaisons will be linked to our CE process. Changes in personnel have interrupted long-standing DOE attendance at VT 501 meetings. The VT Plan to End Homelessness & the Governor's 5 Year Plan to End Family Homelessness align with Opening Doors goals, strategies & timelines. VT Dept. of Education-State Homelessness Coordinator & Deputy Commissioner for Child Development Division are members of Governor's 22- member Interagency Council on Homelessness, along with VT 501 members & OEO (ESG Administrator & participant).

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

Vermont's Education for Homeless Children and Youth program ensures that homeless students have equal access to the same free, appropriate, public education (including public preschool) provided to other Vermont children & federal law requires every ESG-funded agency explain MV educational rights at intake. CoC Caseworkers/homeless providers ensure families with children receive the contact information of the homeless liaison at their child(ren)'s school & parents are able to communicate with teachers, social worker, and principal, as needed, & that children receive needed supports to fully participate in school. Services available are explained & transportation arranged to & from school if needed, proper nutrition & health care. Lund's teen parent program maintains a curriculum agreement between schools & students; assists with transcript/credit transfers. Youth also meet with case managers who include educational/occupational goals in their service plans. Youth are referred to VSAC, VT Adult Learning, JOBS(Jump on Board for Success)program. ReSource, CoC partner, directs a YouthBuild program available to homeless youth & works with guidance counselors to identify participants. Local agencies use an SSOM (Self Sufficiency Matrix) for households receiving Housing Navigation services; we've found it a useful tool to help identify issues of concern and orient the conversation when working with households that are homeless or at risk of homelessness. The SSOM includes a category of "Child Development and Education", specifically looking at whether or not the children in the household are enrolled and actively attending school.

School liaisons are in the process of appointing a new CoC rep; changes in personnel have interrupted long-standing DOE attendance at VT 501 meetings.Liasion will participate in strategic planning committee efforts beginning next month.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	31	25	-6
Sheltered count of homeless veterans:	27	24	-3
Unsheltered count of homeless veterans:	4	1	-3

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The Chittenden CoC notes a decrease in the total number of homeless veterans, especially in the unsheltered category. This decrease can be attributed to several factors: 100,000 Homes Registry Event, additional 6 dedicated units from local HT, full utilization of HUD-VASH vouchers; single point of entry flier/Community Health Care for Homeless Veterans. With a statewide VA Committee which includes VT 501, the goal of reaching functional zero may be reached shortly.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

VT 501 is pleased to have Jason Brill, VA Case Manager serve on our governing board, ranking committee & CoC coordinated entry. Via the Health Care for Homeless Veterans team (HCHV) at the BTV Community Based VA Outpatient Clinic homeless Veterans are provided with assistance in accessing community resources, transitional housing, and permanent housing. PATH outreach, stand downs, CoC Registry events help identify those VA eligible. A single point of entry community flier/staffing matrix is key to assessment/referral to HUD-VASH & SSVF. VA cross-trains clinical social workers to work with unsheltered & sheltered veterans & provide case management in SSVF/GPD/VASH programs. Social workers conduct eligibility assessments & location of lost records or unrecorded missions with re-examines conducted by VA Homeless Director. Two VA homeless liaisons, one with GPD expertise & one VASH expertise, provide additional supports to homeless teams at each VA location and to CoC partner agencies.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

VA case managers in our local VA Outpatient Clinic assist homeless veterans to assess eligibility of VA resources. Resources include medical services/SSVF/GPD/VASH. For those who are deemed ineligible, referrals are made to the CoC Coordinated Entry process. Jason Brill, VA Case Manager, participates in weekly meetings of the PSH Review Committee, which include all the gatekeepers of PSH beds. They review completed assessments & availability of S+C spots for PSH. All CoC-PSH projects are strongly encouraged to outreach/serve veterans who are not eligible for VA services as part of subsidy prioritization.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	18	24	33.33%
Unsheltered count of homeless veterans:	0	1	0.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. No

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

VT 501 partners with the Statewide VA Committee to achieve functional zero veteran homelessness this year. Our governing board includes both a VA rep and a consumer rep who is a veteran.

The Health Care for Homeless Veterans team (HCHV) via the Community Based Outpatient Clinic uses a variety of resources for veterans such as VASH, SSVF, S +C to house and stabilize vets. Locally, both new & existing units are being set aside for veterans. A standard VA MOU to be used with housing providers, covering referral of veterans for housing & post-placement supportive services would be helpful.

VT SSVF grantees utilize the community flier/staffing matrix, providing a single point of entry through the VA. In VT 501, our VA rep is part of the CE process providing assessment of the community-wide waitlist as households are screened & placed into permanent housing. This is a vital role in collaborating with all of our community partners to house the most vulnerable, including Veterans.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	9
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	8
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	89%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

Vermont Health Connect is the state health insurance network. Navigators from Community Action Agencies are trained to assist in health insurance enrollments. Our local CVOEO is a Chittenden CoC partner & 1 of 2 Tier Two Navigator organizations. Burlington's FQHC, Community Health Centers of Burlington, is another VT 501 partner & navigator site. VT 501 is located in a very diverse community. As such, serving over 1200 New Americans with translated materials at direct service interactions, financial classes, Food Shelf & Head Start programs is a positive outcome. Also, 95% of clients are considered vulnerable populations from people with disabilities, homeless, to those whose income meets poverty guidelines & 30% who are minorities.. Cross pollination with other programs like Safe Harbor Dental Clinic & VITA tax sites provide positive outcomes for outreach & enrollment. Vermont is also a Medicaid expansion state.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>
Enrollment	<input checked="" type="checkbox"/>
One on one education and counseling	<input checked="" type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	6
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	6
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	7
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	7
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	10	16	6

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)**

Not applicable.

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not applicable.

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

Not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input checked="" type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Review of/creation of new governing documents; board, restructuring of CoC governance	01/05/2015	5
HMIS investigation of new systems/single state system/some governance via HMIS	02/13/2015	5

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Emails to Project...	11/16/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes	RFP Letter of Int...	11/16/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Public Posting of...	11/16/2015
05. CoCs Process for Reallocating	Yes	Review Ranking Re...	11/16/2015
06. CoC's Governance Charter	Yes	--	11/16/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS manual	11/16/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	BHA Admin Plan fo...	11/16/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	Signed MOU ICA HM...	11/16/2015
11. CoC Written Standards for Order of Priority	No	VT 501 Prioritiza...	11/16/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No	VSHA PHA Admin Plan	11/16/2015
14. Other	No	Signed Agreement ...	11/16/2015
15. Other	No		

Attachment Details

Document Description: Emails to Projects Budget Cuts

Attachment Details

Document Description:

Attachment Details

Document Description: RFP Letter of Intent VT 501

Attachment Details

Document Description: Public Posting of Ranking

Attachment Details

Document Description: Review Ranking Reallocation Policy

Attachment Details

Document Description:

Attachment Details

Document Description: HMIS manual

Attachment Details

Document Description:

Attachment Details

Document Description: BHA Admin Plan for Preference

Attachment Details

Document Description: Signed MOU ICA HMIS Lead

Attachment Details

Document Description: VT 501 Prioritization Policy

Attachment Details

Document Description:

Attachment Details

Document Description: VSHA PHA Admin Plan

Attachment Details

Document Description: Signed Agreement with Contributing Agencies

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/15/2015
1B. CoC Engagement	11/15/2015
1C. Coordination	11/15/2015
1D. CoC Discharge Planning	11/15/2015
1E. Coordinated Assessment	11/15/2015
1F. Project Review	11/15/2015
1G. Addressing Project Capacity	11/15/2015
2A. HMIS Implementation	11/15/2015
2B. HMIS Funding Sources	11/15/2015
2C. HMIS Beds	11/15/2015
2D. HMIS Data Quality	11/15/2015
2E. Sheltered PIT	11/15/2015
2F. Sheltered Data - Methods	11/15/2015
2G. Sheltered Data - Quality	11/15/2015
2H. Unsheltered PIT	11/15/2015
2I. Unsheltered Data - Methods	11/15/2015
2J. Unsheltered Data - Quality	11/15/2015
3A. System Performance	11/16/2015
3B. Objective 1	11/16/2015
3B. Objective 2	Please Complete
3B. Objective 3	11/16/2015
4A. Benefits	11/16/2015
4B. Additional Policies	11/16/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required

Marcy Krumbine Esbjerg

From: Marcy Krumbine Esbjerg
Sent: Thursday, November 05, 2015 8:21 PM
To: Elaine Soto (ElaineS@howardcenter.org)
Subject: Chittenden CoC final ranking and funding

Elaine:

As you may already know, the Chittenden Alliance met today to review the Application Review Committee's recommendations to rank and fund both new and renewable CoC Homeless Applications. The Committee considered appeals from your agency as well as CVOEO. After careful consideration, they voted to fully fund your Branches PSH applications and reduce your Safe Havens application to \$102,818.

In the coming days, your Branches applications will be reviewed for completeness, including the required attachments. Should we need any changes or additional information, your applications will be returned to you for revision. Your Safe Havens application will be returned to you to review the budget and resubmit.

Please let me know if you have any questions.

Marcy Esbjerg, MPA

Marcy Esbjerg
Assistant Director
Community, Housing and Opportunity Programs
Community & Economic Development Office
149 Church Street, Room 32
Burlington, VT 05401
802-865-7171

Marcy Krumbine Esbjerg

From: Marcy Krumbine Esbjerg
Sent: Thursday, November 05, 2015 8:36 PM
To: 'chittenden-continuum@googlegroups.com'
Subject: Final Scores, Ranking and Funding of Projects
Attachments: Score and Funding Spreadsheet for Chittenden Alliance as approved 11.5.15.pdf

As you may already know, the Chittenden Alliance met today to discuss the Application Review Committee's recommendations to rank and fund both new and renewable CoC Homeless Applications. The Committee considered appeals from both the HowardCenter and CVOEO. After careful consideration, they amended the Committee's recommendations and voted to decrease only the Safe Havens project but fully fund the Branches PSH project. To review the proposed and final recommendations, please see the attached spreadsheet.

You may also review the information posted on <https://www.burlingtonvt.gov/CEDO/Ending-Homelessness>

The complete application will be available for public comment beginning on 11/16.

Marcy Esbjerg, MPA

Marcy Esbjerg
Assistant Director
Community, Housing and Opportunity Programs
Community & Economic Development Office
149 Church Street, Room 32
Burlington, VT 05401
802-865-7171

Marcy Krumbine Esbjerg

From: Marcy Krumbine Esbjerg
Sent: Thursday, November 05, 2015 8:18 PM
To: Janet Green
Subject: Chittenden Alliance Final Approval

Janet:

As you may already know, the Chittenden Alliance met today to review the Application Review Committee's recommendations to rank and fund both new and renewable CoC Homeless Applications. The Committee considered appeals from both the HowardCenter and CVOEO. After careful consideration, they voted to fund all of BHA's renewable and one new project as submitted.

In the coming days, your applications will be reviewed for completeness, including the required attachments. Should we need any changes or additional information, your application will be returned to you for revision. Please let me know if you have any questions.

Marcy Esbjerg, MPA

Marcy Esbjerg
Assistant Director
Community, Housing and Opportunity Programs
Community & Economic Development Office
149 Church Street, Room 32
Burlington, VT 05401
802-865-7171

Marcy Krumbine Esbjerg

From: Marcy Krumbine Esbjerg
Sent: Thursday, November 05, 2015 8:25 PM
To: Meg Macauslan
Subject: Coordinated Entry Application

Meg:

As you may already know, the Chittenden Alliance met today to review the Application Review Committee's recommendations to rank and fund both new and renewable CoC Homeless Applications. The Committee considered appeals from your agency as well as the HowardCenter. After careful consideration, they voted to fund your Coordinated Entry application at the Review Committee's recommended amount.

In the coming days, your application will be returned to you so you may revise your budget. We will also review your application for completeness, including the required attachments.

Please let me know if you have any questions.

Marcy Esbjerg, MPA

Marcy Esbjerg
Assistant Director
Community, Housing and Opportunity Programs
Community & Economic Development Office
149 Church Street, Room 32
Burlington, VT 05401
802-865-7171

Marcy Krumbine Esbjerg

From: Marcy Krumbine Esbjerg
Sent: Thursday, November 05, 2015 8:29 PM
To: Adam Smith
Subject: Chittenden Alliance Ranking and Funding Recommendations

Adam:

As you may already know, the Chittenden Alliance met today to discuss the Application Review Committee's recommendations to rank and fund both new and renewable CoC Homeless Applications. The Committee considered appeals from both the HowardCenter and CVOEO. After careful consideration, they voted to fund your HMIS application as submitted.

In the coming days, your application will be reviewed for completeness, including the required attachments. Should we need any changes or additional information, your application will be returned to you for revision. Please let me know if you have any questions.

Marcy Esbjerg, MPA

Marcy Esbjerg
Assistant Director
Community, Housing and Opportunity Programs
Community & Economic Development Office
149 Church Street, Room 32
Burlington, VT 05401
802-865-7171

Chittenden Homeless Alliance (Chittenden CoC)
FFY2015 HUD Continuum of Care Program * Notice of Funding Availability

PROPOSAL LETTER

Any eligible entity wishing to submit a request to fund a NEW and/or RENEWAL CoC Project during this year's HUD CoC NOFA must complete this form and submit it to the Community & Economic Development Office (Marcy Esbjerg) before **4PM Monday, AUGUST 10, 2015**. Only one request per form.

Webinar Trainings (repeated): JULY 07, 2015 at 11:00 AM and July 10, 2015 at 2:00 PM

1. Options for any FFY2015 CoC Projects (pick one):

NEW CoC Project **RENEW-Retool** Transitional Housing CoC Project **RENEW** Current CoC Project

- **Local CoC Ranking Level:** First Second Third Fourth
 - Applicant is in **good standing** with any and all state & federal funding: **YES** **NO**
 - Applicant certifies the *availability*, if selected, to commit **25% minimum match**, above HUD CoC Program funds, from other sources [i.e. Medicaid, ESG, FSH, DMH, Other] for this **NEW or RENEWAL** CoC Project Proposal: **YES** **NO** (non-eligible)
 - **Name All Sources/Amounts:** 1) _____ 2) _____
3) _____ 4) _____ 5) _____
 - **CoC Project Name** (proposed new or renewal): _____
 - **Name of Primary Applicant** (Direct HUD Recipient, if awarded): _____
- Subrecipient(s)-if applicable:* _____
- Primary Partners-if applicable:* _____

****Eligible Applicants:** Non-profit organizations, State, local governments, and instrumentalities of State or local governments are eligible to apply. **Rental assistance** must be administered by a State, unit of general local government, or a public housing agency. Only HMIS Lead may apply for **HMIS** projects.**

2. Resources for new & renewal CoC Projects:

- **Intro to VT CoCs Guide** (soon on www.helpingtohouse.org or request from VSHA)
- **HUD CoC Program Interim Rule**
https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf
- **FFY2015 HUD CoC Program Registration Notice**
<https://www.hudexchange.info/resource/4464/fy-2015-coc-program-registration-notice/>
- **Strategic Resource Allocation: Role of Long-Term, Congregate Transitional Housing in Ending Homelessness** http://usich.gov/usich_resources/coc-resources/
- **Creating Effective Systems to End Homelessness: Guide to Reallocating Funds in CoC Program**
http://usich.gov/resources/uploads/asset_library/FINAL_Reallocation_Tool_09_30_14.pdf.

***** Attend** one of the Webinars and **Read** related resources materials, especially- "VT BoS Project Funding Guide"; "HUD CoC Program Interim Rule" [**Subparts C/D/F/G**]; "Intro to VT CoC's"; websites.***

3. Funding Process for Chittenden Homeless Alliance (CoC)

- a. Submit "letter of interest" form to CEDO for ANY current/renewal project and **new projects**.
- b. An unbiased Chittenden Ranking Committee will review & prioritize **all** CoC project proposals.
- c. Any CoC project applicant may appeal the funding & ranking decision to the Ranking Committee.
- d. Chittenden CoC Steering Committee votes on slate of project applications to be submitted to HUD for consideration.
- e. Any CoC project applicant may send a direct appeal to HUD if they feel unfair treatment of project selection made by the Ranking Committee and/or the CoC.

4. Eligible Types for NEW CoC Projects Only (pick one):

Permanent Housing-**Rapid Rehousing/Tenant-Based Rental Assistance only/Literal Homeless-coming directly from Streets, Shelter-including GA motel, or Fleeing Domestic Violence (DV):**

Pick one or more: ◇ Individuals ◇ Families ◇ Unaccompanied Youth (18-24) ◇ Fleeing DV

Rental Assistance Administrator: ◇ Local PHA ◇ Unit of Local Government ◇ State: _____

Requested CoC Funding Amount (County FMR amounts X number/size of units): _____

Briefly describe need using local and recent unbiased data:

Permanent Housing-**Permanent Supportive Housing/Chronic Homeless only** (pick one housing type):

Pick one or more: ◇ Individuals ◇ Families ◇ Unaccompanied Youth (18-24)

Pick one or more: ◇ Severe/Persistent Mental Health ◇ Chronic Substance Disorder ◇ Other: _____

Pick one: ◇ *Tenant-Based Rental Assistance* ◇ *Sponsor-Based RA* ◇ *Project-Based RA*

Rental Assistance Administrator: ◇ Local PHA ◇ Unit of Local Government ◇ State: _____

Requested CoC Funding Amount (County FMR amounts X number/size of units): _____

Briefly describe need using local and recent unbiased data:

◇ Project-Based/Leasing [Recipient/Subrcpt leases building] ◇ Project-Based/Operations [owns building]

Recipient (pick one): ◇ Non-Profit ◇ Local PHA ◇ Unit of Local Government ◇ State: _____

Number & Size of Units: _____ **Address-Units/Building(s):** _____

Project TOTAL Budget Request: _____ **Housing Budget Request:** _____

Briefly describe need using local and recent unbiased data:

New Dedicated-**HMIS Project (HMIS Lead only)** – Requested Amount: _____

General New HMIS Activities: _____

Briefly describe ability/plan to increase HMIS usage among all homeless service agencies:

New **Coordinated Assessment System** Project – County/Area: _____ Amount: _____

General Activities: _____

Briefly describe ability/plan to engage providers in a coordinated entry system:

5. Population Change for a **RENEW-Retool** Transitional Housing CoC Project (pick one or more):

Homeless Youth **Persons Fleeing Domestic Violence** *[including in a shelter/GA motel voucher]*

Homeless Persons in Recovery/Treatment from Addiction

Briefly describe need using local and recent unbiased data:

6. Eligible Types to **RENEW** Current CoC Project with no Changes (pick one):

PH/Permanent Supportive Housing (i.e. Shelter+Care) **PH/Rapid Rehousing** **HMIS**

Transitional Housing (serving “certain needs”) **Other Transitional Housing/Safe Havens**

Briefly describe any inconsistencies in your project’s outcomes:

Please make sure to provide your most recent APR (current projects only) to CEDO/Marcy Esbjerg at mesbjerg@burlingtonvt.gov no later than 8.10.15 at 4 PM.

7. For all PSH projects – new and renewals: Please describe your outreach to the Chronically Homeless:

Please limit your submission to no more than 4 pages in total.

FY2015 Chittenden CoC Project Priority Ranking Form

Project Name: _____

Project Agency: _____

Evaluator Name: _____

Date: _____

Part A: Community Priority (Maximum Points – 40)	Max Points	Points Awarded
1. Permanent Supportive Housing - 100% CH	40	
2. HMIS or Coordinated Entry	30	
3. Rapid Re-housing	20	
4. Any other eligible activity	15	
Total Points - Part A		
Part B: Agency Capacity (Maximum Points – 40)	Max Points	Points Awarded
1. Commitment to 25% match	13	
2. Explains outreach and target to CH or homeless population	15	
3. Agency performance on other projects	12	
Total Points - Part B		
Part C. Local CoC Planning Processes (Maximum Points – 20)	Max Points	Points Awarded
1. Plan to participate in Chittenden’s Coordinated Entry and community wait list	5	

2. Plan and funding for supportive services and experience with CH	5	
3. Experience with Chittenden's local HMIS	5	
4. Good standing with any and all state and federal funding	5	
Total Points - Part C		
Part D. HUD Thresholds (Maximum Points - 5) From Current APR – Renewal Projects only	Max Points	Points Awarded
1. Participants assisted with obtaining mainstream services	1	
2. Participants helped to obtain and remain in permanent housing	1	
3. Participants are assisted to increase income and live independently	1	
4. Ensures that 100% of participants are CH	1	
5. Community amenities (grocery stores, pharmacies) are accessible	1	
Total Points - Part D		
Part C. HUD Thresholds (Maximum Points – 5) For New Projects Only		
1. PSH demonstrates low barrier, housing first model	5	
2. HMIS collects all Universal Data Elements, unduplicates client records, produces HUD-required reports.	5	
3. Coordinated Entry demonstrates standardized assessment process, advertising to reach those with highest barriers and easily accessible	5	
FINAL SCORE (Maximum Points = 105)	TOTAL	
CoC Ranking Team Comments:		

- CELU
- > Community and Economic Development Office
- > About CEDO
- > Brownfields
- > Business Resources
- > CDBG
- > Community Services & Engagement
- > Community Justice Center
- > Diversity & Equity Initiatives
- > Downtown Development / Mall
- > Housing
 - Access Modifications
 - Buy a Home
 - Home Repair
 - Landlord Assistance
 - Housing Action Plan
 - Ending Homelessness
 - Fair Housing
 - Fair Market and Affordable Rents
 - Inclusionary Zoning
 - Housing Trust Fund
- > Lead Program
- > Sustainability
- > Tax Increment Financing (TIF)
- > Waterfront

Ending Homelessness

The Chittenden County Homeless Alliance is a coalition of individuals, organizations, and government who support our vision of a safe, decent, affordable, stable home for every person and family in Chittenden County. Our mission is to end homelessness in Chittenden County by being a forum for gathering information, building consensus, coordinating efforts, and advocating the end of homelessness through prevention, early intervention, and remediation. To effectuate our mission and achieve our vision, the Alliance:

1. Holds four meetings of the full Continuum of Care and actively seeks new members at least annually;
2. Gathers and disseminates information about the incidence, prevalence, and current and emerging causes of homelessness including conducting an annual Point in Time count;
3. Identifies and prioritizes solutions to homelessness including "bricks and mortar," economic, legal, and social service and program impediments;
4. Develops and advocates government, programmatic, and legal policies that further the Alliance's vision;
5. Establishes and follows written standards for providing CoC assistance, in consultation with the recipient of Emergency Solutions Grants program funds.
6. Marshals federal, state, and local government and other resources to further our mission;
7. Coordinates our efforts with the Balance of State Continuum of Care as appropriate; and
8. Moves its agenda forward through annual and multi-year planning including establishing performance goals and measuring and monitoring progress toward these goals;
9. Evaluates all CoC and ESG funded programs and effectuates change as needed;
10. Develops a written process for Board selection and reviews that process at least every five years;
11. Designates and operates a Homeless Management Information System (HMIS) at a minimum to meet HUD HMIS requirements;

The City is currently the Collaborative Applicant with the local Continuum of Care (Homeless Alliance) and administers the annual Notice of Funding Availability Application for the Continuum. The Application Review Committee of the CoC has reviewed all submitted new and renewable projects for the Continuum and is recommending the ranking and allocation as noted in the [attached chart](#). The Committee reviewed the submitted Letter of Intent, previous performance (as applicable) and financial activity for each project. **Their focus on performance (in the ranking process) was primarily through the compliance lens of the funding source which is HUD. The Committee was not evaluating the effectiveness, efficiency and need for the program globally - but only as a measure of appropriateness for the funding source.** Applicants will have the opportunity to appeal the decision of the Application Ranking Committee on November 5, 2015 during the regular Steering Committee meeting. Members of the Steering Committee who do not represent any interest in the proposed projects, will make the final funding recommendation.

The Chittenden Alliance Steering Committee convened today and reviewed the recommendations of the Application Review Committee. After hearing appeals from both HowardCenter and Champlain Valley Office of Economic Opportunity, the Steering Committee approved the ranking and funding of renewed and new projects as noted in the attached [chart](#).

The complete application along with the projects will be posted here around November 16, 2015.

CHITTENDEN COUNTY CONTINUUM OF CARE (HOMELESS ALLIANCE)

Purpose: To guide the Chittenden CoC, Application Ranking Committee and Collaborative Applicant in the activities required to perform ranking of CoC grant applications for the annual HUD Continuum of Care-Homeless Assistance Notice of Funding Availability (NOFA).

Policy: This policy was developed to ensure that the scoring and ranking of CoC grant application requests are conducted in a fair, transparent, & unbiased manner. The Chittenden CoC Steering Committee (Executive Body of the CoC) reviewed, edited and approved this policy and accompanying rating tool on December 30, 2013 with a majority vote. This process has been amended for the 2015 NOFA cycle.

Procedures: The approved ranking measures and data sources used to evaluate all CoC grant application requests will be provided to all applicants before the Application Ranking Committee meets to review and rank their projects. The Collaborative Applicant will collect all specified data for each CoC project application and provide the letter of intent to the Application Ranking Committee to conduct the review. The Collaborative Applicant will be present at the meeting of the CoC Ranking Team to provide technical assistance as needed. After the preliminary ranking determination and recommended selective cuts (if applicable) of the Application Ranking Committee is complete, the Collaborative Applicant will send an individual summary and project rank number to each project applicant and release the rankings to the Continuum. Each project applicant may appeal the ranking determination of their individual project by submitting an appeal to the Chittenden Steering Committee and making a presentation at the Steering Committee meeting. Upon completion of the appeal review, the Chittenden Steering Committee will make a final determination. The Collaborative Applicant will send the final CoC project ranking list to the CoC, and all individual project applicants, to be posted on the City of Burlington website to ensure transparency and compliance with the 2015 CoC NOFA no later than 15 days before the date the application is due. The entire Consolidated Application will be posted online for review and comments. The Steering Committee will have a final vote on the submittal of the Application.

Ranking Team: The CoC Application Ranking Committee will be made up of unbiased members familiar with CoC programs and the community's homeless system. At the beginning of the ranking meeting, the Application Ranking Committee members will provide a statement of confidentiality and no conflict of interest in the regard to any discussions or determinations of specific project applications and/or applicants. Members will be recruited yearly and their eligibility verified (no conflicts of interest) by the CoC.

The Committee may consider adjustments for such issues as HUD incentives or requirements. The Committee may consider proposal changes or project general budget adjustments that may be required to meet community needs. The Committee determines the rank and funding levels of all projects considering all available and objective information.

The following members were approved by the Chittenden CoC to review and rank the Chittenden CoC project applications for the 2015 HUD CoC NOFA competition:

- VT Agency of Human Services (Jane Helmstetter)

CHITTENDEN COUNTY CONTINUUM OF CARE (HOMELESS ALLIANCE)

- Vermont State Housing Authority (Daniel Blankenship)
- United Way of Chittenden County (Diana Carminati)
- Burlington Police Department (Lacey Smith)
- Department of Veteran Affairs (Jason Brill)
- Vermont Center for Independent Living (Kimberly Colville)
- City of Burlington/Collaborative Applicant (Marcy Esbjerg) – non voting

Ranking Process: The CoC will implement goals for each HUD CoC NOFA application cycle which maximize competitiveness of the CoC's Consolidated Application in consideration of local CoC priorities.

The independent Application Ranking Committee will meet to review data from each CoC letter of intent to determine how it meets the scoring criteria established in the CoC project rating tool, minimum grant requirements, and established HUD/CoC priorities. These combined factors will inform the Application Ranking Committee how to determine the CoC project ranking list and, if applicable, any necessary funding reductions to one or more projects.

Rating Tool Measures (see attachment): HUD Housing Priority, HMIS Data Quality & APR, Participant Project Performance, Target Population, Leverage, Bed Utilization and Expenditure of Funds. *Sources: Annual Performance Report; Drawdown Reports.*

Standard Minimum Grant Requirements: leverage match, expenditure of grant funds (slow or fast), bed utilization, cost effectiveness of project, HMIS implementation and compliance, and other minimum grant terms.

Sources: Annual Performance Reports;; LOCCS draws; HMIS Data Quality Reports.

CoC Priorities: In addition to the above rating tool criteria and minimum grant requirement thresholds, the CoC approved the following local priorities for the Application Ranking Committee to consider in determining a project's rank and potential selective grant reductions.

Reallocation Process: The Steering Committee will review the Grant Inventory Worksheet and grant line up in sufficient time to allow for potential reallocation of funds. The Steering Committee will duly advertise any upcoming vote or discussion on the reallocation process. For the 2015 NOFA cycle, the reallocation process and vote took place during the July meeting. The Steering Committee reviewed Chittenden's projects versus the CoC's and HUD's priorities. The Steering Committee voted to reallocate the Advocacy SSO project and ranked the following in priority status: 1) Permanent Supportive Housing; 2) Dedicated HMIS/Coordinated Entry; 3) Rapid Rehousing and 4) Other eligible activities.

FY2015 CoC Funding Tier 1 and Tier 2 Process:

The Ranking Committee will follow the directions in the NOFA for the Tier 1 and Tier 2 funding process. HUD will establish the amounts of Chittenden's Tier 1 and Tier 2. Tier 1 is equal to

**CHITTENDEN COUNTY
CONTINUUM OF CARE (HOMELESS ALLIANCE)**

85% of the CoC's Annual Renewal Demand (ARD). Tier 2 is the difference between Tier 1 and the CoC's ARD plus any amount available for the permanent housing bonus.

Project Determinations and Appeals Process: Applications which do not meet the minimum threshold requirements will not be included in the CoC Consolidated Application submitted to HUD for consideration. If more applications are submitted than the CoC has money to fund, the Application Ranking Committee will rank the grants in order of the agreed upon priority as approved by the Chittenden CoC Steering Committee. The Collaborative Applicant will send formal notification of a preliminary determination made by the Application Ranking Committee to each project applicant along with: individual project ranking summary report, individual project ranking number, and potential budget reduction. Any appeals to the Application Ranking Committee's determinations for projects may be presented to the Chittenden Steering Committee during the November meeting. After all appeals are heard, the Chittenden Steering Committee will vote on the Review and Ranking Committee's recommendation.

The Steering Committee's final recommendation, along with the corresponding grant amount for all projects, will be distributed to the Continuum and posted on the appropriate websites.

C. LOCAL PREFERENCES

[24 CFR 5.410]

Section 8 program participants residing in units with assistance through a Section 8 project-based Housing Choice Voucher who need to move and are in full compliance with family responsibilities and the tenant lease shall be given the next available Housing Choice Voucher on the regular waiting list or on any targeted waiting list for which the household is eligible.

Shelter Plus Care, Housing Opportunities for Persons with AIDS, or Moderate Rehabilitation Single Room Occupancy who need to move and are in full compliance with family responsibilities and the tenant lease may be given the next available Housing Choice Voucher on the regular waiting list or on any targeted waiting list for which the household is eligible.

For up to fifty percent (50%) of lease-ups in each fiscal year, BHA elects to extend consideration for a Local Preference to:

1. Applicants whose individual circumstances are determined by the BHA Executive Director to be an emergency housing situation not resulting from the family's actions or inaction, including but not limited to: (a) displacement by state or local government; (b) displacement due to extensive structural damage as a result of a disaster; (c) harassment against a family in a protected class; (d) victims of domestic violence and (e) for purposes of witness protection;
2. Applicants and residents of public and managed housing who have been determined to be eligible for the Section 8 Homeownership Option and have been determined to be 'mortgage ready';
3. Applicants being considered under supported housing programs with appropriate supportive services provided under Memoranda of Agreement between BHA and the social service agency, including but not limited to Agency of Human Services initiatives, Howard Center, Women Helping Battered Women, Chittenden County Continuum of Care, the Homeless Healthcare Project and Pathways to Housing.

Local preference decisions by the Executive Director will be documented in the family's file.

HMIS Governance Charter

Chittenden Homeless Alliance (CHA)
Institute for Community Alliances (ICA)
October 1, 2015

A. Purpose and Scope

The purpose of this document is to confirm agreements between the Chittenden Homeless Alliance (CHA, Continuum of Care, or CoC) and the Institute for Community Alliances (HMIS Lead Agency) in connection with the governance of the CHA Homeless Management Information System (HMIS). This Governance Charter sets forth the general understandings, and specific responsibilities of each party relating to key aspects of the governance and operation of the HMIS. The Governance Charter is effective upon execution by the CHA and the HMIS Lead Agency.

B. Background

HMIS is an internet-based data collection software application designed to capture information about the numbers, characteristics, and needs of homeless persons and those at risk of homelessness over time.

Use of HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for projects funded by the Continuum of Care (**CoC**) Program, Emergency Solutions Grants (**ESG**) Program, and Housing Opportunities for Persons with AIDS (**HOPWA**) Program; as well as by the U.S. Department of Veterans Affairs (**VA**) for projects funded by the Supportive Services for Veteran Families (**SSVF**) Program; and by the U.S. Department of Health and Human Services (**HHS**) for projects funded by the Runaway & Homeless Youth (**RHY**) Program.

In an effort to effectively coordinate homeless services, the federal government strongly encourages all homeless projects to participate in a CoC's HMIS, including those receiving funds from the following: *HHS-Projects for Assistance in Transition for Homelessness (**PATH**) Program, VA Grant & Per Diem (**GPD**) Program, and the VA-Veterans Affairs Supportive Housing (**VASH**) Program.*

C. General Understandings

1. *Continuum of Care Governance:* The CHA is responsible for governance of the HMIS. The CHA is the lead planning group for efforts to end homelessness and for implementing and operating homeless service delivery systems within the Continuum of Care. As such, and under HUD policy (24 CFR part 580), the CHA is responsible for HMIS oversight and implementation, including planning, software selection, HMIS Lead Agency designation and setting up and managing the HMIS in compliance with HUD's CoC Program Interim Rule.

2. *HMIS Lead Agency Designation:* The CHA designates the HMIS Lead Agency to manage HMIS operations on its behalf, and to provide HMIS administrative functions at the direction of the CHA.
 3. *Funding:* Funding for the software and operations of the HMIS is provided by the CHA, through a HUD Continuum of Care Program dedicated HMIS grant, or other funding from the CoC. Funding is also provided by agencies that operate programs federally required to enter data into HMIS. Partner Agencies may be required to pay user fees for the HMIS software and reporting licenses assigned to their agency. In the event that there is a shortfall in funding for the software or operation of the HMIS, the CHA Data and Steering Committees will explore options to increase revenue.
 4. *Software and Hosting:* The CHA has selected a single software product to serve as the sole HMIS software application (Bowman Systems—Service Point). All Partner Agencies agree to use the product as configured for the CHA's HMIS.
 5. *Compliance with Homeless Management Information System Standards:* The HMIS is operated in compliance with HUD HMIS Data and Technical Standards and any other applicable laws. The parties anticipate that HUD will release revised HMIS Standards periodically. The parties agree to make changes to this HMIS Governance Charter, the HMIS Policies and Procedures, and other HMIS operational documents, to comply with the revised standards within the HUD-specified timeframe for such changes.
 6. *Operational Policies and Agreements:* The HMIS operates within the framework of agreements, policies, and procedures that have been developed and approved over time by the HMIS Lead Agency and the CHA through its Data and Steering Committees. All operational agreements and policies and procedures are reviewed annually by the HMIS Lead Agency and the CHA to comply with the HMIS Standards or otherwise improve HMIS operations.
 7. *Data Ownership:* The data entered into the HMIS is owned by the Partner Agency responsible for entering the client-level information. The HMIS Lead Agency and Partner Agencies are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission and destruction of data, comply with the HMIS privacy, security and confidentiality policies and procedures. The Partner Agencies have the final authority to approve or disapprove the use of the data that is contained in the HMIS.
- D. Specific Responsibilities of the Parties

1. *Chittenden Homeless Alliance*: The CHA serves as the HMIS governance body, providing oversight, project direction, policy setting, and guidance for the HMIS project. It is the responsibility of CHA to
 - a. Designate the HMIS Lead Agency and the software to be used for HMIS, and approve any changes to the HMIS Lead Agency or software.
 - b. Request revision to any HMIS operational agreement, policy or procedure developed by the HMIS Lead Agency, and approved by the CHA Data Committee.
 - c. Conduct outreach to homeless assistance agencies not using HMIS, and encourage these agencies and other mainstream programs serving homeless people to participate in HMIS.
 - d. Work to inform elected officials, government agencies, the nonprofit community, and the public about the role and importance of HMIS and HMIS data.
 - e. Promote the effective use of HMIS data, including its use to measure the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs.
 - f. Provide all local information as necessary for compilation of the HUD CoC Housing Inventory count of Homeless Beds (HIC), and support the HMIS Lead Agency in preparing the Annual Homeless Assessment Report (AHAR).
 - g. Ensure performance and compliance of the HMIS Lead Agency.
 - h. Ensure the HMIS scope aligns with the requirements of agencies, HUD and other stakeholder groups
 - i. Implement and continuously improve the HMIS
 - j. Address any issue that has major implications for the HMIS, such as HMIS Standards revisions or HMIS Vendor performance problems.
 - k. Review, revise, and approve all HMIS operational policies developed by the HMIS Lead Agency.
 - l. Ensure agency and user compliance with the HUD HMIS Standards and all policies and procedures implemented locally.
 - m. Provide guidance and oversight of HMIS related user and agency compliance monitoring undertaken by the HMIS Lead Agency.
 - n. Approve HMIS Lead Agency recommendations to terminate a user license or restrict the HMIS participation of a Partner Agency.

2. *Institute for Community Alliances*: ICA serves as the HMIS Lead Agency for the CHA. It's responsibilities are to
 - a. Obtain and maintain the contract with the selected software vendor. Provide and manage end user licenses, including authorizing usage and the level of access to HMIS for all users.
 - b. Determine the parameters of the HMIS as it relates to continuity of service, ability to limit access to the data, hosting responsibilities, general security and maintenance issues, data storage, back-up and recovery, customization,

- compliance with HUD Data standards, reporting needs, training and technical support.
- c. Provide overall staffing for the operation of the HMIS.
 - d. Develop and maintain all HMIS operational agreements, policies and procedures, including a written privacy notice.
 - e. Obtain signed Partner Agency Agreements and User Agreements.
 - f. Invoice Partner Agencies for HMIS fees approved by the Chittenden Homeless Alliance (CHA).
 - g. Monitor Partner Agencies and users to ensure compliance with HMIS operational agreements, policies and procedures on behalf of, and at the direction of, the HMIS Advisory Board and/or the Chittenden Homeless Alliance.
 - h. Should the CHA develop an HMIS partnership with the Vermont Balance of State Continuum of Care, convene meetings of the joint HMIS Advisory Board.
 - i. Attend CHA Data Committee, Steering Committee, or Meetings of the full Continuum of Care as appropriate. (Remote participation is generally acceptable.) Report any concerns with the software vendor to appropriate committees.
 - j. Provide and maintain the HMIS website.
 - k. Comply with HUD HMIS Standards, and apprise the CHA of impending changes affecting workflow and operations in a timely manner.
 - l. Apply as the project applicant for all HUD CoC Program HMIS Projects.
 - m. Search and apply for state or private funding as appropriate, and with the support of the CHA.
 - n. Serve as the liaison with HUD regarding HUD HMIS grants.
 - o. Provide technical assistance and training to member agencies, as necessary, including user guidance needed to ensure appropriate system use, data entry, data reporting, and data security and confidentiality.
 - p. Report on data quality as requested by the CHA.
 - q. Collaborate in the generation of all Federal, State and local reports.
 - r. Ensure that data collected on behalf of the CHA and participating agencies remains the property of such.
 - s. Protect confidential data (in compliance with HUD Standards, local privacy policies, and other applicable law) and abide by any restrictions clients have placed on their own data.
 - t. Provide assistance and information necessary for completion of the annual NOFA.
 - u. Assist the CHA in conceptualizing and designing community reports that capture the problem of homelessness in Chittenden County, and that help the CHA to devise a clear and meaningful plan for the allocation of its resources.
 - v. As requested, and in cooperation with CHA, prepare custom reports requested by outside agencies.

E. Period of Agreement and Modification/Termination

1. *Period of Operation and Termination:* This HMIS Governance Charter will become effective upon signature of all parties and will remain in effect until terminated by the parties. Each party shall have the right to terminate this agreement only upon 30 days prior written notice. Violation of any component may be grounds for immediate termination of this Agreement.
2. *Amendments:* Amendments, including additions, deletions, or modifications to this HMIS Governance Charter must be agreed to by all parties. It is understood that upon formal agreement on a joint HMIS implementation with the Vermont Balance of State Continuum of Care, the language of this document will be modified to more closely address details of that arrangement.

The signatures of the parties indicate their agreement with the terms and conditions set forth in this document.

Chittenden Homeless Alliance (CHA)

DocuSigned by:
Erin Ahearn 9/29/2015
E8C15C87AFD7427...
Erin Ahearn, Co-Chair Date

DocuSigned by:
Margaret Bozik 9/29/2015
164EBB43212B4BB...
Margaret Bozik, Co-Chair Date

Institute for Community Alliances (HMIS Lead Agency)

DocuSigned by:
David Eberbach 9/27/2015
F9A224CAD431419...
Date

Coordinated Entry for Permanent Supportive Housing
Chittenden County Homeless Alliance

Permanent Supportive Housing Inventory

A copy of the Permanent Supportive Housing section of the Housing Inventory Chart, with additional information on “gatekeepers,” basic eligibility and housing mobility options, is attached.

Prioritization

All Permanent Supportive Housing (PSH) beds in our Housing Inventory Chart, if not already dedicated to the Chronically Homeless, will be prioritized for Chronically Homeless. When a PSH bed opening occurs, candidates who are prioritized through the common assessment tool AND meet the basic eligibility requirements for the bed will be given first consideration for the opening by the program. The Alliance will review the number of program refusals as the process moves forward and will evaluate whether formal refusal limits need to be established.

Common Assessment Tool and Community Waitlist Management

The common assessment tool used for PSH will be the VI-SPDAT (or F-VI-SPDAT, for families). Assessments done through this tool will be used to refer people, where appropriate through the scoring, onto a community-wide waitlist for entry for PSH beds. The community waitlist will be managed outside of HMIS for now; this will be re-evaluated after the Alliance moves forward with its new HMIS later this year. A position at the Champlain Valley Office of Economic Opportunity (will manage the waitlist, transferring information from the paper assessments into an Excel spreadsheet and then ranking those on the list by overall vulnerability score. The paper assessments can then be shredded if confidentiality is a concern.

A PSH Review Committee, functioning as a subcommittee of the Coordinated Entry Committee, will be formed. It will include all of the “gatekeepers” of the PSH beds (including street outreach workers from the Howard Center and Safe Harbor) as well as Women Helping Battered Women. Agencies will be responsible for appointing their member to this group. The PSH Review Committee will meet once a month to review the waitlist and plan for future openings and potential issues/changes. The Committee will review ranking scores as well as hear a qualitative overview by the agency putting forth a candidate. The Review Committee will follow HUD criteria for prioritization. The Coordinated Entry Committee recommends that within those criteria, the Review Committee pay special attention to medical vulnerability and unsheltered clients. The group may need to meet more often when there are housing opportunities available. There may be some individuals experiencing homelessness who refuse to take part in the VI-SPDAT, and those individuals can be evaluated for entry into a PSH bed by the Review Committee. The Coordinated Entry Committee will develop an MOU for the Review Committee.

Process Evaluation

Clients will be recruited for a focus group to help inform the process as it evolves. This will allow for people within the PSH process to offer constructive feedback, but not lead to potential conflicts of interest by sitting on the PSH review committee and reviewing confidential information of vulnerable participants.

The Coordinated Entry Committee will review the entry process every six months and make adjustments as necessary, including the need for additional MOUS among the partners.

Release of Information

Each agency may use their own release for referrals and release of information as long as it names the members of the PSH Review Committee as potential recipients of information for the specific time-limited purpose of determining eligibility for and entry into PSH.

Points of Access to Assessment

People accessing emergency housing services through Economic Services are currently referred to case management through an established process that includes assignment to a case manager. Those assigned case managers will be responsible for conducting assessments and making referrals, where scoring indicates that it is appropriate, to the PSH Review Committee. The Alliance will reassess the need for additional assessment capacity for other Agency of Human Services programs once the original process is operational. The Coordinated Entry Committee will also reassess the screening tool and process used by the Department for Children & Families for the Emergency Housing program.

Shelter guests, including guests of the future warming shelter, will be assessed by the shelter operator. Street outreach teams do assessments for the unsheltered. The Coordinated Entry Committee will explore the extent to which there are gaps in coverage in the street outreach workers programs. A smaller workgroup will meet to work on strategies for integrating the hospital and other systems of care into the coordinated entry process.

The agency conducting the assessment is responsible for making referrals, where scoring indicates that it is appropriate, to the PSH Review Committee. To try to reduce the potential duplication burden on clients, people will be asked if they have previously taken this assessment, and those conducting an assessment can check with the waitlist organizer, with an appropriate release, to see if someone is already on the waitlist.

waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

VSHA will offer public notice when changing its preference system. The notice will be publicized using the same guidelines as those followed for amending the agency's PHA plan or opening and closing the waiting list, depending on when the change is planned to occur.

VSHA uses the following local preference system:

→ **Disaster Preference:** This preference is available to families who are displaced due to fire, flood, natural disaster, or condemnation by a local, State, or Federal Agency.

Transitional Housing Preference: This preference is available to individuals and families who are Transitioning from one of the following programs administered by the Vermont State Housing Authority:

- • HUD's Family Unification program for Youth In Transition;
- • The Vermont Rental Subsidy Program (a rapid rehousing initiative administered by the Vermont Agency of Human Services).
- • Individuals/families transitioning from a Domestic Violence Transitional Housing Program (currently on or eligible to be on the Continuum of Care Homeless Inventory Chart for homeless beds).
- • *HUD's Continuum of Care Programs administered by VSHA (Shelter plus Care and Rapid Rehousing);

To be considered for this preference, applicants **must** meet the following additional criteria:

1. Actively participating in a case-management plan – which includes an exit plan with an appropriate organization providing these services; *and*

2. Be in compliance with any lease agreement (verbal or written). Families must be current in their rent and any other conditions of tenancy. Families cannot be subject to an eviction action. VSHA will require Certification from the applicant's current landlord stating they are *in good standing and in compliance with their lease agreement*.

**Applicants transitioning from HUD's/VSHA's Shelter plus Care program MUST provide certification from the (Shelter plus Care) Sponsoring Organization that the applicant has participated in the Shelter plus Care program for no less than 36 months and has met the goals of their case management plan.*



Preference for Homeless Families with Case Management Support:

Preference will be limited to no more than 100 applicants / fiscal year (10/1 – 9/30).

Preference will be provided to families (with one or more minor children) who are homeless as defined by HUD's Category 1 definition of homelessness¹ and who will be receiving regular on-site case management support from a local homeless services, social services or mental health agency for at least one year after moving into a voucher-assisted unit. Status will be verified through the agency providing case management.

¹ Category 1: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park abandoned building, bus or train station, airport, or camping ground; or b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution".

Governance Agreement

between the

**Champlain Valley Office of Economic Opportunity (CVOEO),
Chittenden County Homeless Alliance (CoC),
Community and Economic Development Office (CEDO),
HousingWorks,
and Contributing HMIS Organizations**

The above-named organizations each play critical roles in preventing and ending homelessness in Chittenden County, Vermont. This Governance Agreement strives to outline the roles and responsibilities of each entity in an effort to ensure a mutual understanding and strengthening of our joint partnership.

Background

On January 5, 2012, the Chittenden County Homeless Alliance (CoC) voted to designate the City of Burlington's Community and Economic Development Office (CEDO) as the Lead Agency effective immediately. Again on November 1, 2012, the Homeless Alliance voted unanimously for CEDO to continue serving as the Lead Agency as well as the Collaborative Applicant. The CoC also voted unanimously for the Champlain Valley Office of Economic Opportunity (CVOEO) to continue to serve as the HMIS Lead Agency.

CEDO Roles and Responsibilities

The Community and Economic Development Office (CEDO) is a department within the City of Burlington. Its mission is to work with the community to foster economic vitality; preserve and enhance neighborhoods, quality of life and the environment; and promote equity and opportunity for all residents of Burlington. As such, CEDO administers both the Community Development Block Grant and HOME Investment Partnerships Program as an Entitlement Community for the City of Burlington and oversees the planning process for the 5-year Consolidated Plan.

CEDO agrees, funding permitted, to continue to:

- Act in the role of CoC Lead Agency for the Chittenden CoC including, but not limited to, completion and submission of annual HUD CoC Application for Homeless Assistance/Project Exhibits in coordination with CVOEO, CoC and other key stakeholders; and maximization of CoC application score to the extent possible.
- Coordinate with Chittenden CoC and CVOEO to conduct the Annual Point-in-Time Count of the Homeless, the corresponding Housing Inventory Chart of Homeless Beds and the Annual Homeless Assessment Report.

- Coordinate with CVOEO, as the HMIS Lead Agency, to ensure high data quality and other HUD HMIS compliance of all HUD CoC Program projects in the Chittenden CoC.
- Monitor activities of HUD CoC sponsor agencies to ensure compliance with federal and state requirements including performance measures. This may include on-site and other monitoring and review of fiscal, grant and program management.
- Support the Chittenden CoC through participation in the Steering Committee, although this is the primary responsibility of the CoC.
- Work with the CoC membership to set policies and implement them, including a governance agreement.
- Store legal documents, policies, procedures for audit purposes for HUD.

CVOEO Roles and Responsibilities

CVOEO directs key resources and leadership to prevent and end homelessness in Chittenden County. CVOEO serves as the lead agency for the HMIS project, managing and administering all HMIS operations and activities. CVOEO exercises these responsibilities in cooperation with the COC Data Committee.

The following is a list of some of the most critical responsibilities for the HMIS Lead Agency which might be performed directly or indirectly with the aid of the software provider. CVOEO agrees to continue to:

- Act as the HMIS CoC Lead Agency for the Chittenden County Homeless Alliance Continuum of Care (CoC) to improve and maintain high data quality of HUD CoC Programs.
- Collaborate with CEDO and the CoC to increase awareness of, and support activities, to prevent and end homelessness, including efficient, fair and effective uses of available resources.
- Coordinate with CEDO and the CoC the implementation of Chittenden County's Annual Point-in-Time Count of the Homeless and Housing Inventory of Homeless Beds.
- Attend the HMIS Data Committee meetings and other COC subcommittee meetings as needed.
- Assist with the HUD Continuum of Care NOFA application (HMIS sections in exhibits 1 and 2) annually.
- Develop a privacy policy, to be approved by the HMIS Data Committee, which at a minimum includes information and standards as may be established by HUD.

- In cooperation with Software Vendor, provide technical assistance as needed to Member Agencies.
- Serve as the point person for billing and invoicing and coordinate payments to the Software Vendor.
- Procure server software and licenses.
- Serve as the liaison with the Software Vendor.
- In coordination with the Software Vendor, develop a disaster recovery plan, to be approved by the Data Committee, to include protocols for communication with staff, the CoC, and Member Agencies, and other requirements established by HUD.
- In coordination with the Data Committee, develop and implement a privacy and grievance policy.
- In cooperation with the CoC Data Committee, process any client grievance against a Member Agency in accordance with Policies and Procedures.
- Ensure all program data are collected in adherence to the HUD HMIS Data Standards and local additional requirements.
- In cooperation with the Software Vendor and the CoC Data Committee, report on data quality as requested by the CoC.
- In cooperation with the Continuum of Care and its relevant committees, and with the assistance of the Software Vendor, carry out aggregate data extraction and reporting, including the HMIS data needed for an unduplicated accounting of homelessness.
- Collaborate in the generation of all Federal, State and local reports.

Chittenden County Homeless Alliance Continuum of Care Roles and Responsibilities

The Chittenden County Homeless Alliance is a coalition of individuals, organizations, and government who support the vision of a safe, decent, affordable, stable home for every person and family in Chittenden County. Its mission is to end homelessness in Chittenden County by being a forum for gathering information, building consensus, coordinating efforts, and advocating to end homelessness through prevention, early intervention, and remediation. The Alliance (CoC) agrees to continue to:

- Act as the Primary Decision-Making Group for the Chittenden County CoC.
- Collaborate to secure local, state and federal funds to prevent and end homelessness.

- Maintain operations of the Chittenden County Homeless Alliance CoC through calling/holding meetings, creating and providing meeting agendas and minutes, strategic planning, creation and monitoring of committees, and other activities.
- Gather and disseminate information about the incidence, prevalence, and current and emerging causes of homelessness.
- Identify and prioritize “bricks and mortar,” economic, legal, social service and program impediments and solutions to homelessness.
- Develop and advocate government, programmatic, and legal policies that further the Alliance’s vision.
- Coordinate efforts with the Balance of State Continuum of Care as appropriate.
- Move its agenda forward through annual and multi-year planning, measuring, and monitoring its progress.
- Support with CVOEO and CEDO of the annual HUD CoC Homeless Assistance application, the Annual Point-in-Time Count of the Homeless, Housing Inventory Chart of Homeless Beds, HUD regulation compliance, and other mutually agreed upon goals to maximize the application score and overall performance of the CoC area.
- Ensure that all HUD CoC Programs establish and follow Educational Assurances so Vermont children continue to receive quality education regardless of housing instability.
- Ensure data quality from all HUD CoC Programs through participation in a Homeless Information Management Systems (HMIS) selected by the CoC.
- Provide a system whereby the CoC will respond promptly to CVOEO and CEDO requests for information or decisions including holding meetings or conference calls in between regular meetings as needed.
- Ensure CoC members are kept apprised, and noticed, of activities occurring on their behalf through a process of open and fair communications.
- Ensure that any potential and/or perceived conflicts of interest are addressed in an effective, open and timely manner.

HousingWorks – Software Vendor

- As requested, report the timeliness of all data entered by HMIS Member Agencies.

- In coordination with the HMIS Lead Agency and Data Committee, develop a disaster recovery plan, to be approved by the Data Committee, to include protocols for communication with staff, the CoC, and Member Agencies and other requirements established by HUD.
- Assist member agencies with agency-specific data quality issues that are identified.
- Generate quarterly system-wide and program performance measure reports to the HMIS Lead Agency.
- Enter Program Descriptor Information, (including HIC information), into HMIS software, to be used to upload to HIC website once a year (HUD requirement).
- Provide a system that is compliant with HMIS regulations and Security Requirements.
- Provide all required HMIS reports and reporting tools in a timely manner.
- Provide regular trainings on basic HMIS functions, such as data collection, entry, report running.
- Provide consultation on other HMIS issues with the HMIS Lead, and Data Quality Committee, including: clarifications, changes, problem identification.
- With notice, be available to meet with CoC, Lead Agency, HMIS Lead as requested. In order to keep costs manageable for both the Continuum and the Vendor, remote participation through telephone or on-line meetings is generally acceptable.
- Alert programs when deadlines are nearing.
- Ensure that data collected on behalf of the CoC and participating agencies remains the property of such.
- Provide assistance and information necessary for completion of the annual NOFA.

Contributing HMIS Organizations (CHO)

With the exception of domestic violence shelters, organizations funded directly or indirectly by a U.S. HUD Continuum of Care Grant must participate in the locally approved Homeless Management Information System. In Chittenden County, Vermont, the HMIS currently utilized is HousingWorks.

The Contributing HMIS organizations agree to:

- Enter data in a timely manner.
- Designate specific employees who will enter data into the system. These employees will receive training directly by the Software Vendor before beginning work in the system.

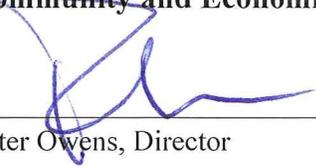
- The organization agrees to provide a quiet space for data entry, where client privacy is ensured.
- Pay for Software Vendor services in a timely manner.
- Respond to data quality checks in a timely manner.
- Distribute the Continuum's HMIS privacy policy on an annual basis and post the privacy poster where it is easily viewed by clients.
- Complete an annual Affirmations Checklist.

Problem Resolution

Should disagreements arise under this MOU, the parties agree to work to resolve these as quickly and agreeably as possible. While most disagreements can be resolved among the parties, none shall be adverse to requesting assistance from a neutral party if needed.

This Governance Agreement is hereby executed as follows:

Community and Economic Development Office

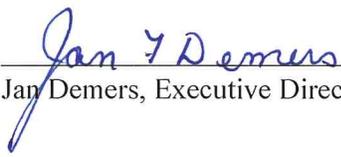


 Peter Owens, Director

12.26.2012

 Date

Champlain Valley Office of Economic Opportunity

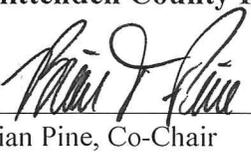


 Jan Demers, Executive Director

1/3/12

 Date

Chittenden County Homeless Alliance



 Brian Pine, Co-Chair

1/2/13

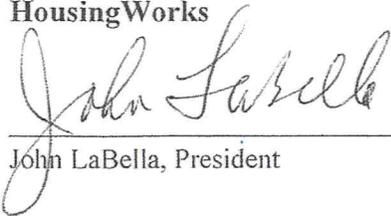
 Date

Chittenden County Homeless Alliance


Erin Ahearn, Co-Chair

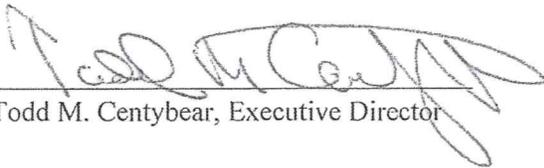
1/3/13
Date

HousingWorks


John LaBella, President

1/10/2013
Date

HowardCenter, Inc.


Todd M. Centybear, Executive Director

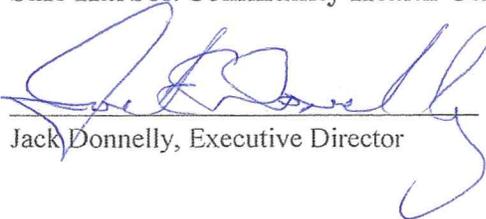
1/3/13
Date

Pathways to Housing Vermont


Hilary Melton, Executive Director

1/7/13
Date

Safe Harbor/Community Health Center


Jack Donnelly, Executive Director

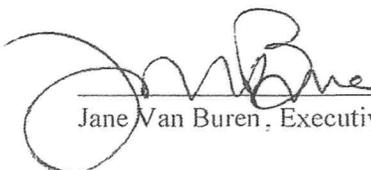
1-15-13
Date

Burlington Housing Authority


Paul Dettman, Executive Director

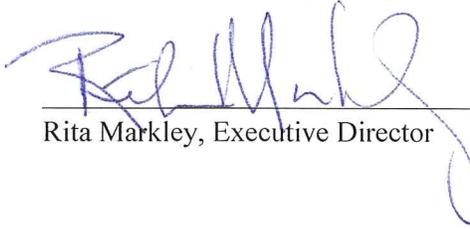
1/2/2013
Date

Women Helping Battered Women


Jane Van Buren, Executive Director

1/3/13
Date

Committee on Temporary Shelter



Rita Markley, Executive Director

1/3/13

Date

VT Cares



Peter Jacobsen, Executive Director

1/2/13

Date

Spectrum Youth & Family Services



Mark Redmond, Executive Director

1-9-13

Date